

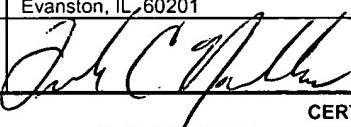
TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Attorney Docket No.	PHB 34,365 (7790/234)
		Application Number	09/614,154
		Filing Date	JULY 11, 2000
		First Named Inventor	MARTIN J. EDWARDS
		Group Art Unit	2673
		Examiner	SHAPIRO, L.

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Response to Final Office Action Dated April 19, 2004	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
	<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input checked="" type="checkbox"/> Notice of Appeal (dup)
<input type="checkbox"/> Status Letter	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information	
	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input checked="" type="checkbox"/> Post Card Receipt	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> One-Month Petition for Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> RECEIVE	
	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	AUG 30 2004
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Technology Center 2e	
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.		
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.		

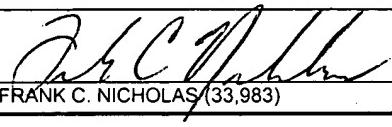
CALCULATION OF FEE

					Small Entity		Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus		0	x \$9=	0	x \$18=	
Indep.		Minus		0	x \$43	0	x \$86	
First Presentation of Multiple Dep. Claim					+\$145	---	+\$290=	
					total add'l fee	\$ 0	total add'l fee	\$

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature			Date: August 19, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22202-1450 on this date: <u>August 19, 2004</u>		
Signature	Signature:  FRANK C. NICHOLAS (33,983)	
Date: August 19, 2004		